

## UNITED STATES PATENT AND TRADEMARK OFFICE

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# CORRECTED NOTICE OF ALLOWANCE AND FEE(S) DUE

22204

7590

02/21/2006

NIXON PEABODY, LLP 401 9TH STREET, NW SUITE 900 WASHINGTON, DC 20004-2128 EXAMINER

OH, TAYLOR V

ART UNIT

PAPER NUMBER

1625

DATE MAILED: 02/21/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/004,413      | 12/06/2001  | Neil W. Boaz         | 011927-113100       | 8373             |

TITLE OF INVENTION: PREPARATION OF SUBSTITUTED AROMATIC CARBOXYLIC ACID ESTERS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 05/22/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless corrected I                                                                                                                      | below or directed otherwise                                  | in Block I, by (a)                             | specifying a new c                                                                                                                                                                               | orrespondence address                                                                                                                                                                                                                                                                         | ; and/or (b) indicating a sep                                                                                                                                                              | arate "FEE ADDRESS" for     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| CURRENT CORRESPONDENC                                                                                                                             | E ADDRESS (Note: Use Block 1 for                             | any change of address)                         |                                                                                                                                                                                                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                            |                             |  |
| 22204 75                                                                                                                                          | 90 02/21/2006                                                |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| NIXON PEABOR<br>401 9TH STREET,<br>SUITE 900                                                                                                      | , NŴ                                                         |                                                |                                                                                                                                                                                                  | I hereby certify that the                                                                                                                                                                                                                                                                     | ttificate of Mailing or Trans<br>his Fee(s) Transmittal is bein,<br>with sufficient postage for fir<br>I Stop ISSUE FEE address<br>TO (571) 273-2885, on the d                             | g denosited with the United |  |
| WASHINGTON, I                                                                                                                                     | OC 20004-2128                                                |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            | (Depositor's name)          |  |
|                                                                                                                                                   |                                                              |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            | (Signature)                 |  |
|                                                                                                                                                   |                                                              |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            | (Date)                      |  |
| APPLICATION NO.                                                                                                                                   | FILING DATE                                                  | FII                                            | RST NAMED INVEN                                                                                                                                                                                  | TOR                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                        | CONFIRMATION NO.            |  |
| 10/004,413                                                                                                                                        | 12/06/2001                                                   |                                                | Neil W. Boaz                                                                                                                                                                                     | · -                                                                                                                                                                                                                                                                                           | 011927-113100                                                                                                                                                                              | 8373                        |  |
| APPLN. TYPE                                                                                                                                       | REPARATION OF SUBSTI                                         | ISSUE FEE                                      |                                                                                                                                                                                                  | BLICATION FEE                                                                                                                                                                                                                                                                                 | TOTAL FEE(S) DUE                                                                                                                                                                           | DATE DUE                    |  |
| nonprovisional                                                                                                                                    | NO                                                           | \$1400                                         | 1                                                                                                                                                                                                | \$300                                                                                                                                                                                                                                                                                         | \$1700                                                                                                                                                                                     | 05/22/2006                  |  |
| EXAM                                                                                                                                              |                                                              | ART UNIT                                       | C                                                                                                                                                                                                | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  | ]                                                                                                                                                                                          | 03/22/2000                  |  |
|                                                                                                                                                   |                                                              | 1625                                           |                                                                                                                                                                                                  | 560-020000                                                                                                                                                                                                                                                                                    | J                                                                                                                                                                                          |                             |  |
| OH, TAYLOR V 162:  Change of correspondence address or indication of "Fee Address" (37)                                                           |                                                              |                                                | 2 For printing on t                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                     |                                                              |                                                | (1) the names of up to 3 projectored nations attempting                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
|                                                                                                                                                   |                                                              |                                                | •                                                                                                                                                                                                | • •                                                                                                                                                                                                                                                                                           | member a 2                                                                                                                                                                                 |                             |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                              |                                                | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| 3. ASSIGNEE NAME AND                                                                                                                              | RESIDENCE DATA TO B                                          | E PRINTED ON TH                                | E PATENT (print o                                                                                                                                                                                | r type)                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                             |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                   | an assignee is identified be 37 CFR 3.11. Completion         | low, no assignee da of this form is NOT a      | ta will appear on the substitute for filing                                                                                                                                                      | ne patent. If an assign                                                                                                                                                                                                                                                                       | ee is identified below, the d                                                                                                                                                              | ocument has been filed for  |  |
| (A) NAME OF ASSIGN                                                                                                                                |                                                              |                                                |                                                                                                                                                                                                  | CITY and STATE OR C                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                             |  |
|                                                                                                                                                   |                                                              |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| Please check the appropriate                                                                                                                      | assignee category or catego                                  | ries (will not be print                        | ted on the patent):                                                                                                                                                                              | ☐ Individual ☐ Co                                                                                                                                                                                                                                                                             | orporation or other private gro                                                                                                                                                            | oup entity Government       |  |
| la. The following fee(s) are                                                                                                                      | enclosed:                                                    |                                                | Payment of Fee(s):                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| ☐ Issue Fee                                                                                                                                       | mall entity discount normitte                                |                                                | A check in the amount of the fec(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
| ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                              |                                                              |                                                | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
|                                                                                                                                                   | (from status indicated above                                 |                                                | <b>7</b>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
|                                                                                                                                                   | MALL ENTITY status. See                                      |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               | LL ENTITY status. See 37 C                                                                                                                                                                 |                             |  |
| NOTE: The Issue Fee and Pronterest as shown by the reco                                                                                           | ublication Fee (if required) vords of the United States Pate | vill not be accepted fi<br>ent and Trademark O | rom anyone other the                                                                                                                                                                             | re-apply any previousi<br>ian the applicant; a regi                                                                                                                                                                                                                                           | y paid issue fee to the applica<br>stered attorney or agent; or the                                                                                                                        | ation identified above.     |  |
| Authorized Signature                                                                                                                              |                                                              |                                                |                                                                                                                                                                                                  | Date                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                            |                             |  |
| Typed or printed name Registration No                                                                                                             |                                                              |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |
|                                                                                                                                                   | 1750.                                                        |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               | he public which is to file (and<br>minutes to complete, includir<br>mments on the amount of the<br>Trademark Office, U.S. Dep.<br>S. SEND TO: Commissioner<br>displays a valid OMB control |                             |  |
|                                                                                                                                                   |                                                              |                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                             |  |



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| APPLICATION N                          | IO. FI   | FILING DATE FIRST NAMED INVENTOR |              | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |
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| 10/004,413                             | 1        | 12/06/2001                       | Neil W. Boaz | 011927-113100                  | 8373             |
| 22204                                  | 7590     | 02/21/2006                       |              | EXAM                           | INER             |
| NIXON PEABODY, LLP                     |          |                                  | OH, TAYLOR V |                                |                  |
| 401 9TH ST                             | REET, NW |                                  |              | ART UNIT                       | PAPER NUMBER     |
| SUITE 900<br>WASHINGTON, DC 20004-2128 |          |                                  |              | 1625<br>DATE MAILED: 02/21/200 | 6                |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 109 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 109 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.